

THE AMERICAN Legion

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GULF WAR ILLNESS

25 years of controversy

Closing remarks

from VA Secretary Bob McDonald

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Twenty-five years after the Gulf War, veterans are told their mysterious health condition is all in their heads. *By Ken Olsen*

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The new military retirement system isn't perfect, but it has the potential to benefit more people.

By J.J. Montanaro

ON THE COVER

Smoke, dust and chemical weapons were all in the mix during operations Desert Storm and Shield, but toxic exposure has yet to receive federal acceptance as cause for illnesses and diseases that have plagued Gulf War veterans for 25 years. DoD

BACK IN ACTION

National WWII Museum volunteer project coordinator Bruce Harris is all smiles as PT-305 inches along the streets of New Orleans toward the Mississippi River. Also known as USS *Sudden Jerk*, PT-305 was delivered from the museum restoration pavilion Nov. 19 to the river and then moved to Lake Pontchartrain, where it will become a floating museum. Photo by Matthew Hinton

The American Legion Magazine, a leader among national general-interest publications, is published monthly by The American Legion for its 2.2 million members. These wartime veterans, working through 14,000 community-level posts, dedicate themselves to God and Country and traditional American values; strong national security; adequate and compassionate care for veterans, their widows and orphans; community service; and the wholesome development of our nation's youth.



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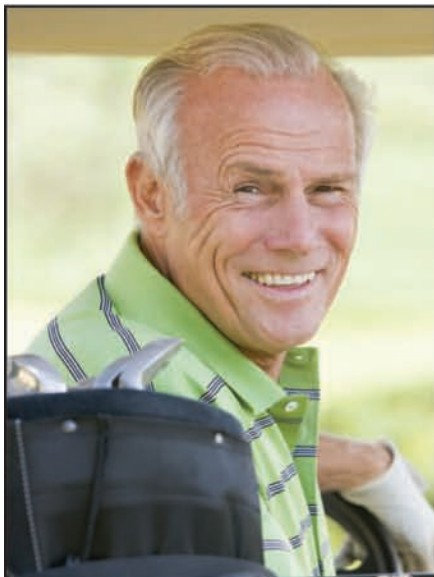
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Photo by Lucas Carter

'Compassionate Rambo'

Regarding Henry Howard's article (November): Jorge Otero-Barreto's comment, "A warrior is somebody who is beyond himself," is a lesson to all of us, as well as when he speaks of knowing your "mission's purpose." He is fantastic as a warrior, a husband, a father, a citizen and, of course, as a military person. He has prescribed a route for all of us.

— David M. Plum, Mendota, Minn.

A great article about a great paratrooper. Continue the mission.

— P.A. Stieler, Plattsburgh, N.Y.

What a great article. As a veteran and Puerto Rican native, I'm proud of Jorge Otero-Barreto. Congratulations to him for a job well done, his gallantry and bravery during his military career, and serving those who served.

— Eusebio Santiago, Orlando

'The Mind Field'

Thank you for this article ("High Hopes for Cannabis," November). The DEA resists approval of marijuana-derived drugs. Two are being used in experimental treatments: Marinol is Schedule III, and Cesamet is Schedule II. The ongoing research has shown positive results for Marinol in cancer, Alzheimer's and AIDS treatment, and for Cesamet in cancer, multiple sclerosis and

AIDS treatment. In addition, marijuana has been proven to treat glaucoma, Crohn's disease, various dystonias, asthma and nausea; there is a legitimate medical use. I hope Dr. Sue Sisley's study shows the benefits to veterans.

— Richard H. Sullivan Jr., Calvert City, Ky.

I was prompted to write by Andrea Dickerson's article about her acupuncture therapy ("I Didn't Want to Live Like That Anymore," November). I've been receiving VA care for 36 years. I suffer from acute pain and prefer to stay away from pharmaceuticals of any kind. I have always found my care at the Lyons and East Orange, N.J., VA medical centers to be excellent, and the staff deserve kudos for all they do.

To my good fortune, I have been able to attend the Center for Health and Wellness at East Orange. I have received new treatments that were foreign to

me, and all have proven to be extremely helpful in managing pain. I receive acupuncture, and as Dickerson said following her treatment, “I realize I feel great.”

Medical yoga and meditation also have been of immeasurable help to me. Presently I am learning the benefits of the Alexander Technique. I realize these alternative treatments are not yet available to all veterans, but hopefully that will change.

— Richard Connell, Morristown, N.J.

After reading your articles on PTSD, I wanted to share my horrific experience. Fifteen years ago, I was diagnosed with PTSD, alcohol dependency and suicidal tendencies connected to serving two tours in Vietnam. In 2014, I attempted suicide and failed. As a result, I was jailed and sentenced, with 15 years’ probation, on a second-degree felony charge for discharging a weapon inside a dwelling – but the only thing I shot was one bullet underneath my lower jaw that exited out the right side of my nose.

My life changed drastically because of this unfair sentence. I am sure many veterans can relate to my situation. When will mental health care for veterans supercede the need to put someone in jail for an act of hopelessness?

— Daniel Addair, Dunnellon, Fla.

Repeal Dodd-Frank

Rep. Maxine Waters, along with her Democratic cohorts Chris Dodd and Barney Frank, pushed to have minority lenders receive mortgage loans for which

they were not qualified (Big Issues, November). Democrats threatened the banks with punishment if they did not capitulate to their demands. The Glass-Steagall Act of 1933 that would have prevented this was tossed out under the Clinton administration, creating the real estate meltdown. Most of the unqualified people who got these loans reneged on them, driving the price of real estate into the cellar. The Democrats accuse Wall Street of risky behavior when they forced it to give risky loans. Then, when those homes were foreclosed on, taxpayers ended up eating it.

The Dodd-Frank Act simply does not work. Its inane rules and regulations, and added paperwork, have caused small banks to fail. They have been bought up by the large banks, creating a monopoly. Also, it is almost impossible for small businesses like mine to get a loan. Even with a credit score of 803, I could not get a home equity loan from the same lender even after paying off a \$100,000 equity line loan in four years.

Waters says we must never forget the lessons of the 2008 financial crisis. I certainly won’t: I remember that she and the Democrats created it.

— Darrell Reeves, Carmichael, Calif.

If Rep. Frank Lucas doesn’t like the Dodd-Frank Act regulating bank solvency and investment practices, I have an idea: restore the Glass-Steagall Act. The 1930s legislation, which outlawed the shaky bank practices that brought about the

Great Depression, resulted in 80 years of stability and prosperity. Its repeal during the Clinton administration was followed in fewer than 10 years by the Great Recession, the taxpayer-funded bailout of “too big to fail” banks, and the economic collapse from which we are still recovering.

The Dodd-Frank Act seeks to protect the public from risky practices (like derivatives) that can bring in big short-term profits and big executive bonuses while leaving consumers and taxpayers holding the bag. But it doesn’t fully restore Glass’ protections. Nevertheless, Wall Street is at it again, lobbying Congress with all the “influence” it can bring to bear to remove even these modest safeguards.

It is not every day that I find myself in agreement with an ultraliberal like Rep. Maxine Waters, but she’s on the right side on this one.

— Joe Farrell, Cambridge, Ohio

Unable to deploy

The Army currently has 100,000 non-deployable soldiers (Rapid Fire, November). That’s nearly five divisions’ worth of soldiers who can’t do their jobs. In an era of rapidly shrinking force structure, shouldn’t this be sounding alarm bells?

— Alan C. Saunders, Fredericksburg, Va.

Editor’s note: National Vice Commander Douglas L. Boldt’s region was incorrectly listed (“Roster for a New Legion Year,” November). It includes Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma and South Dakota.

THE AMERICAN LEGION MAGAZINE WELCOMES YOUR OPINIONS

Include your hometown and a daytime phone number for verification. All letters published are subject to editing. Due to the volume of mail received, not every letter can be acknowledged.

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Chicago Doctor Invents Affordable Hearing Aid

New nearly invisible digital hearing aid breaks price barrier

Reported by J. Page

Chicago: Board-certified physician Dr. S. Cherukuri has done it once again with his newest invention of a medical-grade, **ALL-DIGITAL, affordable hearing aid**.

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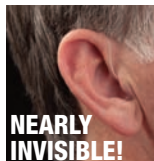
This sleek, fully programmed, light-weight, hearing aid is the outgrowth of the digital revolution that is changing our world. While demand for “all things digital” caused most prices to plunge (consider DVD players and computers, which originally sold for thousands of dollars and today can be purchased for less), the cost of a digital medical-grade hearing aid remains out of reach.

Dr. Cherukuri knew that many of his patients would benefit but couldn't afford the expense of these new digital hearing aids. Generally they are not covered by Medicare and most private health insurance plans.

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Election season is over and America moves forward, as always, regardless of who lives in the White House or roams the halls of Congress. As important attention was given to the campaigns of 2016 and our nation's future, I thought about what future Speaker of the House Tip O'Neill said when he first ran for office: "All politics is local."

So, too, is The American Legion, and that's what makes us vital to this nation, no matter the political season or climate.

In my first four months as national commander, I've been unsurprised but awestruck by the compassion, dedication and influence American Legion Family members have on local communities in every corner of the country. I am equally confident we can convert those life-changing effects into membership growth, particularly as the Legion moves closer to its centennial. Volunteerism can be contagious.

As The American Legion's Department of Indiana so aptly states in its advertising and digital media platforms, "We Change Lives."

In Cripple Creek, Colo., Post 171 did that for disabled Marine Corps veteran Andrew Smith and his 7-year-old son, Laren. "There were points when my hope and faith got pretty thin," said Smith, a former machine gunner, after a mold infestation forced them to leave their home. "I was sure going to miss my home, my community. It wasn't long after that The American Legion wanted to get involved and said, 'We'd be honored if you let us.' The amount of honor that they get from helping me doesn't compare to the amount of honor I get from them helping me." The house is now being rebuilt, mold-free, thanks to Post 171 volunteers.

In Cascade, Idaho, Post 60 was uncertain why membership had grown stagnant in recent years. They developed a strategy: find critical needs in the community and fulfill them. Members inserted themselves into the school system and social services. They found that some children in town went without warm coats, gloves and boots in the winter. They raised the money, discreetly found the families in need, provided the goods, and built vital relationships among educators, local case workers and the families they helped. Membership soon doubled.

In Milborn, Del., Post 28 has seen its volunteer efforts in support of poultry producer Mountaire and Thanksgiving for Thousands expand from the local post to the district to the state and beyond. Nearly 10,000 dinners are served to folks in need, whose lives are changed through American Legion volunteerism. "Helping people have a Thanksgiving dinner who wouldn't normally have one, to me, was a good idea," member Jim Lafferty said. "That's what the Legion is about."

These are just three examples among tens of thousands.

The American Legion does change lives. To continue doing so long into our second century, we must share our passion to help others throughout local communities. We must invite new members to join us and be a part of something bigger than oneself, a lesson we all understand from the service. On behalf of all Legion Family volunteers and those who benefit, let's make a new year's resolution to share our stories, grow membership and keep changing lives for years to come.

Charles E. Schmidt



National Commander
Charles E. Schmidt

MEMORANDA

BASEBALL REGISTRATION OPEN

Registration for the 2017 American Legion Baseball season starts Jan. 1. All participating teams are required to register.

www.legion.org/baseball

VETERANS INAUGURAL BALL

On Jan. 20, The American Legion will host the Salute to Heroes Inaugural Ball at the Renaissance Downtown in Washington. Guests and sponsors of the sold-out event will mingle with Medal of Honor recipients, emcee Drew Carey, and others. The new president or vice president traditionally stops by for a dance and remarks.

Look for coverage and photos of the event online.

www.legion.org

FOUR CHAPLAINS SUNDAY

The first Sunday in February is Four Chaplains Sunday, and American Legion posts are encouraged to conduct memorial events to mark the anniversary of the sinking of USAT *Dorchester* by a U-boat in the North Atlantic on Feb. 3, 1943. Among the 672 who died were four Army chaplains of different faiths who willingly gave up their lifejackets to save others.

www.fourchaplains.org

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Watch an interview with David Wallace online:

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DAVID WALLACE

Even before he retired from the Navy, David Wallace had made up his mind that he'd continue to serve his country and community.

The idea of being involved with a veterans organization like The American Legion appealed to Wallace, who comes from a military family. He credits his father and one of his late uncles as his inspiration for joining.

"My family has been very active with the Legion," says Wallace, who notes that 13 of the 14 men on his father's side served in uniform. "My father and uncle belong to different posts, but I have a brother and nephew who are attached to my post. I always wanted to come to the Legion but didn't know I was eligible until after I retired."

Per family tradition, Wallace is a dual member of Sons of The American Legion, believing it's important to share Legion activities with his son, Jeremy, 11, who is sergeant-at-arms for Squadron 162. They also have been active in Scouting, with Wallace a past chairman for the Boy Scouts' 17th District.

Motivated by his favorite American Legion pillar, Children & Youth, Wallace says he enjoys mentoring young men in his community along with his other leadership roles. "I feel it is my responsibility to get the younger generation involved so they can learn from those who are here, now," he says. "It makes me feel young again."

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- Department Veterans Employment & Education chairman (2015-present)
- Department regional membership vice chairman (2015-present)
- District Boy Scouts chairman (2014-present)
- Post 162 commander (2016-present)
- Post 162 first vice commander (2015-2016)
- Post 162 adjutant (2013-2014)
- Post 162 historian (2014-2015)
- Post 176 commander (2012-2013)
- Post 176 first vice commander (2011-2012)
- Post 176 historian (2009-2011)

Photo by Clay Lonneth

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Public option in health care



SUPPORT

Rep. Mike Honda, D-Calif.

■ Honda is a member of the House Appropriations Committee.



OPPOSE

Rep. Phil Roe, R-Tenn.

■ Roe serves on the House Committee on Veterans' Affairs.

Health care is a human right and must be affordable and accessible. We made historic reforms to the U.S. health-care system with the Affordable Care Act (ACA). Taxpayers have saved billions of dollars since, and the Department of Health and Human Services (HHS) reports that 20 million previously uninsured Americans gained coverage between 2010 and early 2016 as a result of ACA. That includes 6 million uninsured young adults between 19 and 25. For some groups, the rate of uninsured has dropped by 25 to 50 percent.

We need to continue our efforts to ensure that every American has access to affordable health insurance. This is why I am co-sponsoring H.R. 887, which would require HHS to offer a public health insurance option. I am also an original co-sponsor of H.R. 265, the Public Option Deficit Reduction Act, which would add a public option as a choice for consumers on the exchanges.

A public option would offer Americans low-cost health care and robust provider networks without compromising quality or access. It would increase marketplace competition, lower premiums for consumers and reduce the federal deficit. It is estimated that consumers would save between 5 and 7 percent on premiums, and a public option would decrease the federal deficit without cutting benefits from any entitlement programs. The Congressional Budget Office previously estimated that a public option would save \$158 billion in federal spending over a 10-year period.

I continue to fight to reduce health disparities by advocating for increased access to health-care services. The public option is the most viable way to achieve that goal.

As a physician with more than 30 years of experience, I've seen the good, bad and ugly parts of our health-care system. Despite the challenges patients and providers face, there's one thing I know for certain: a public option would make health care worse in the United States.

In 1993, my home state of Tennessee attempted to expand our Medicaid program in a manner very similar to the public option proposal. The result, called TennCare, just about

bankrupted our state. Costs exceeded estimates by nearly three times, and the state's Democratic governor was forced to cut hundreds of thousands of patients from TennCare in the 1990s to keep it financially viable. Today, the program is one of the most restrictive health-care plans in the country.

The goal of the Affordable Care Act was to expand access and decrease the cost of care. The fact that the law's supporters now claim we need a public option is a telling indicator that the ACA has failed. Rather than doubling down on the policies rejected by the American people, we should put patients and their doctors back in charge of health care.

That's why I support the House Republicans' Better Way agenda, a six-point plan with at least 48 ideas that include a proposal to repeal and replace Obamacare with patient-centered, market-based health-care reforms. You can read the full plan online at better.gop.

Simply put, there are better alternatives for health-care reform that don't involve putting government bureaucrats in charge, and I'm proud to support these common-sense reforms and stand firm against a public option.

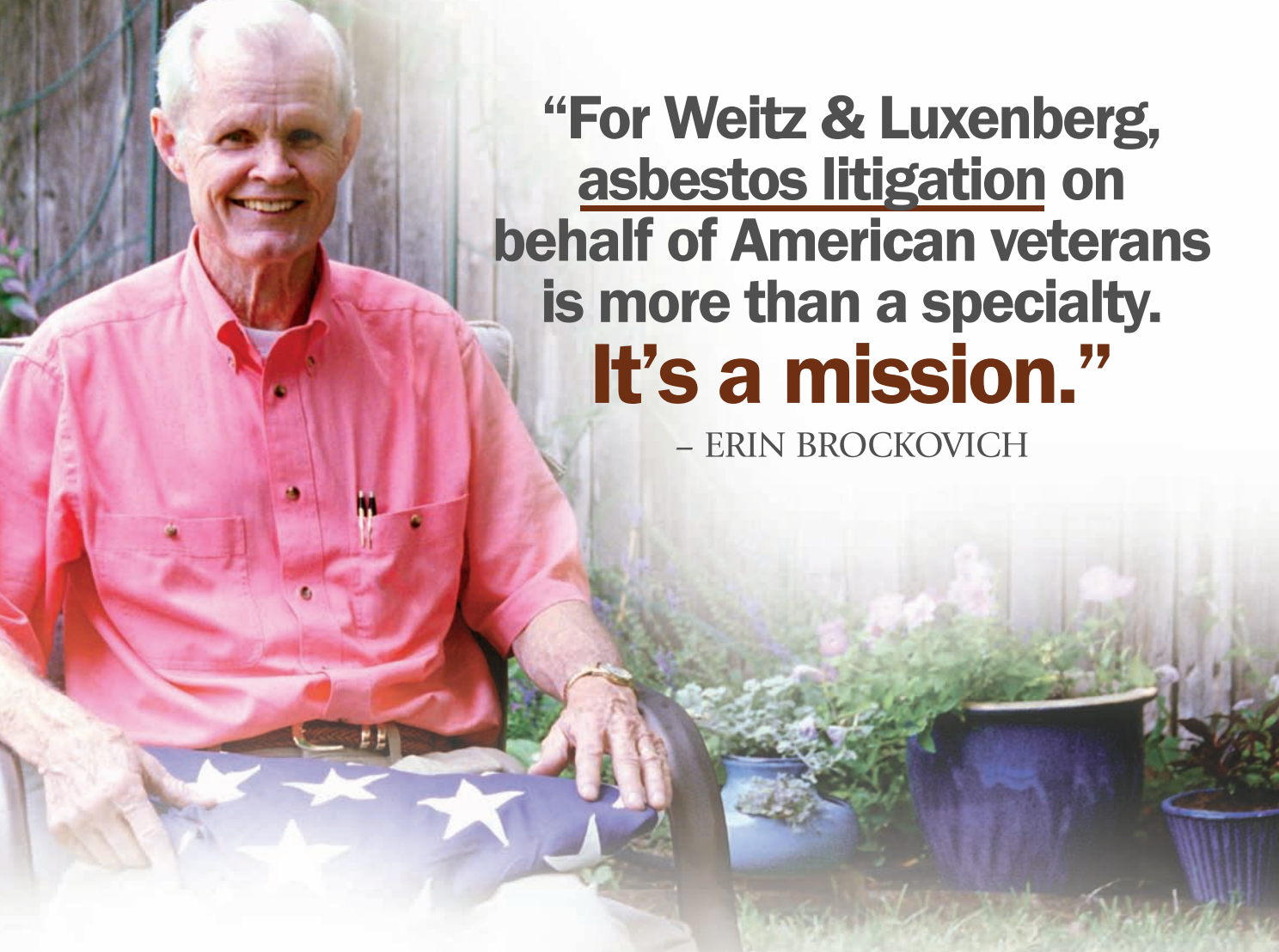
THE HEART OF THE ISSUE

There is a renewed push for the Department of Health and Human Services to offer Americans a public option for health insurance. Opponents say it reveals the failure of the Affordable Care Act, and want market-based reforms instead.

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Living Well is designed to provide general information. It is not intended to be, nor is it, medical advice. Readers should consult their physicians when they have health problems.



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BEAT THE BUG

What you can do to survive flu misery.

BY MARTIN SAYERS

Anyone who has ever had the flu knows how miserable it can be: aching limbs, lethargy and fever conspire to lay you low for days on end. That means you should do all you can to avoid getting the condition in the first place, and one of the best ways is to get a flu shot.

Many people avoid the flu shot, believing it doesn't work. But that's not true. It works best in younger, healthy people with good immune systems – and, unfortunately, less well in older people and those with existing illnesses.

However, a flu shot will always lessen your chances of developing the flu, so getting one should be a priority. This is especially true of groups most at risk.

“There are subsets of the

population that are at increased risk of the complications of influenza, and special emphasis must be given to vaccinating them,” says flu expert William Schaffner, professor of preventive medicine at the Vanderbilt University School of Medicine.

These subsets include people older than 65; those with heart disease, lung disease, diabetes or who are immunocompromised; people with neuromuscular disabilities; people who are extremely obese; and pregnant women. Schaffner says it's also imperative that health-care workers be vaccinated for patient safety.

There is much more you can do to avoid getting the flu. During peak flu season in the winter months, you should wash your

hands often with soap and hot water and avoid rubbing your eyes or touching your face or mouth; these are the main routes through which the flu bug can enter your system. At home and at work, use hand wipes to regularly clean counters, desks, doorknobs and other communal surfaces.

However, if you do contract the illness – and about one in 10 can expect to each year – what can you do to keep its effect to a minimum and ensure you survive the flu season?

■ **Get the right medication.** You will find lots of cold and flu remedies at the drugstore, so you need to choose the right ones.

■ **Look for something that contains all you need in one pill, such as a decongestant, cough suppressant and painkiller.** Be careful to not take two medicines with the same drug, such as acetaminophen, at the same time. Always read the label. Nothing in the drugstore will cure the flu, but drugs will help fight the symptoms and make you feel a bit better.

■ **Fill up on fluids.** Flu bugs like to live in dry throats and nasal passages, so make sure you drink plenty of fluids throughout the day to keep your mucous membranes moist and able to trap viruses. Water is best; stay away from milk and citrus juices because they can aggravate the nausea often associated with flu.

Fluid will also help if you have a sore throat. Try adding some honey and lemon to hot water for a soothing and refreshing drink.

■ **If it's bad, see your doctor.** Don't seek medical advice as soon as you start to feel low; the flu normally clears up after a week or so. However, if the condition is not going away or you develop serious symptoms – such as coughing up blood or large amounts of yellow or green phlegm, or have a prolonged high fever – it's time to consult a doctor. There are antiviral medications that can be prescribed to treat the flu, shortening the duration of the illness and averting possible complications like pneumonia.

■ **Give in and rest up.** The flu is not going to go away easily; it needs all your strength to fight it. That means you need to give in to it and rest. If you push yourself by going to work or doing chores while you are ill, you will only prolong the illness. Also, as Schaffner says, you have a duty to stay away from others and stop the infection from spreading.

“If you do become ill with the flu, stay at home,” he advises. “If you are around people, use cough/sneeze etiquette by bending your head and coughing/sneezing into your elbow. Do not broadcast your illness to others.”

Martin Sayers is a freelance writer living in Cambridge, England. He specializes in health and nutrition issues.

Rein in the pain

Chronic pain is pain that continues beyond an expected period of healing for an illness or injury, and the Cleveland Clinic offers these tips on dealing with it:

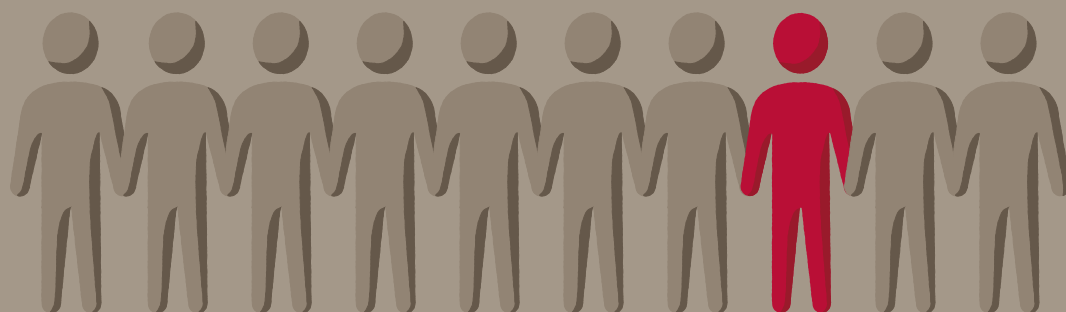
- Learn how to relax through deep breathing and related stress-management techniques.
- Set achievable goals and resist the temptation to overdo it. In other words, learn to pace yourself.
- Think positively.
- Set a daily schedule that includes rest, exercise and relaxation.
- Join a chronic pain support group – perhaps a local chapter of the American Pain Society.
- Know and understand your medicines, including the side effects. When costs exceed benefits, ask your doctor if there's a better choice. If the medicine decreases your desire or ability to be active, ask about other choices.
- Decrease or end alcohol consumption.
- Quit smoking. Cigarettes can interfere with healing and are a risk factor for many diseases, including degenerative disc disease – a leading cause of low back pain.

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VIETNAM VETERANS

ABOUT 1 IN 10 HAS HEPATITIS C



AND MANY DON'T EVEN KNOW IT



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HEP C. THE FORGOTTEN VIRUS.

There's a virus out there that hasn't been talked about much and you may not have heard about it. A virus that's serious, like HIV. It's hepatitis C (Hep C).

Hep C can hide in your body for years, even decades, without causing any symptoms. But if left untreated, Hep C can cause liver damage and even lead to liver cancer.

Vietnam Veterans, especially those born 1945-1965, are at high risk for having Hep C. Many could have been exposed to Hep C due to unsterile vaccination procedures, or by coming into contact with contaminated blood during combat.

The U.S. Department of Veterans Affairs (VA) recommends all veterans (born 1945-1965) get tested for Hep C. The good news is: if you have Hep C, it can be cured. At your next appointment, ask your healthcare provider to test you for Hep C.

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The Cuyahoga River reflects the lights of downtown Cleveland. Wikimedia Commons

Bright Lights, Big Cities

Check out one or more of these metropolitan scenes in the new year.

BY LYN METTLER

With the holidays behind us, it's time to consider where and when to vacation in the coming year. Are you planning a beach getaway, a trip to visit museums or perhaps a stop at a national park? Here are four hot U.S. cities to put on your radar for 2017.

WASHINGTON, D.C. Not only is the nation's capital in the spotlight thanks to the presidential election and upcoming inauguration, but D.C. is becoming a hip destination, with boutique hotels and top-notch dining. *Bon Appétit* named D.C. its Restaurant City of the Year in 2016; Michelin, a well-regarded guide that awards stars to restaurants around the world, recommends more than 100 area restaurants in its

2017 edition. The city also celebrated the opening of the National Museum of African American History and Culture in 2016 to much fanfare. In addition to visiting the White House, memorials and Smithsonian museums, try some off-the-beaten-path activities while in the city, like the International Spy Museum, Washington National Cathedral and Embassy Row. The Ritz-Carlton in Pentagon City offers discounts for veterans and active military, usually around 15 percent off the regular rate.

PHILADELPHIA The birthplace of America is coming off several big events in recent years, including the Democratic National Convention and a visit by Pope Francis. In April, the historic city will



Maybe you've been on an ocean cruise, but [have you ever tried river cruising?](#) According to AAA, [these trips are growing in popularity](#), with one in four Americans saying they are considering such a cruise for an upcoming vacation.

If a [trip to Europe](#) is on your wish list but your budget is a concern, [discount carrier WOW air flies to major European cities](#) with stopovers in Iceland for as low as \$99 one way, but with added fees for luggage and seat selection.

host the NFL Draft and open the new Museum of the American Revolution, just steps from Independence Hall. At the museum, visitors can see Gen. George Washington's original headquarters tent, Revolutionary War weapons and centuries-old military documents. Families will want to stop by the new LEGOLAND Discovery Center scheduled to open in the spring at Plymouth Meeting Mall, while also making the rounds at amazing historic landmarks such as the Liberty Bell and Penn's Landing. And don't forget to enjoy a famous Philly cheesesteak at a local eatery like Sonny's or Campo's Deli.

CLEVELAND Cleveland has been on a roll with its professional sports teams, with the Indians making it to the World Series and the Cavaliers winning the NBA Championship. But the city, which boasted its highest number of visitors on record in 2015 and hosted the Republican National Convention, has more to offer than athletics. Situated along the banks of Lake Erie, Cleveland boasts the largest performing arts center in the United States outside New York City, has brand-new hotels like the Kimpton Schofield, and is home to one of the top five orchestras in the country. Downtown, you can tour the USS *Cod* Submarine Memorial, the only fully intact World War II fleet submarine and a national historic landmark, as well as visit America's oldest independent armory at Cleveland Grays Armory Museum, built in 1893. You also won't want to miss the Rock & Roll Hall of Fame, the thrilling coasters at Cedar Point amusement park and the Pro Football Hall of Fame in Canton, 60 miles away.

HOUSTON Everything's bigger in Texas, and Houston continues to prove it. As the home of Super Bowl LI at NRG Stadium, the city has seen a burgeoning of its culinary options, as well as hotels, to accommodate the expected crowds. The new Marriott Marquis will bring a Texas-shaped lazy river, rooftop infinity pool, two-story sports bar and more to the city. Also new to the scene is White Oak Music Hall, a contemporary music venue that includes a bar with an outdoor patio atop a tower. The new Buffalo Bayou Park Cistern is an underground reservoir turned art space, and Battleship *Texas* – a fighting vessel in both world wars anchored on Buffalo Bayou – is also open for tours. Nearby, the world's tallest war memorial, the San Jacinto Monument, honors those who fought for the state's independence. Outdoorsy types can try paddling the three-and-a-half-hour, 7-mile kayaking trail through the city with fantastic skyline views. 🌿

Lyn Mettler is a freelance travel writer who blogs at GotoTravelGal.com.

Can't wait for warm weather? Try these spots

It might be snow-covered and chilly where you live, but there are still some places in the United States where you can actually don a pair of shorts and flip-flops. Here are four:

HAWAII It's no surprise that Hawaii, America's jewel in the Pacific, has warm temperatures year-round. On Oahu alone, you can choose from more than 125 beaches with average highs between the mid-70s and mid-80s. Seeing the USS *Arizona* Memorial is a must.

PALM BEACHES, FLA. Expect sunny days in the upper 70s in the Palm Beaches, on the east side of Florida north of Miami. This upscale destination offers shopping, high-end hotels and gourmet dining along with warm ocean waters.

THE FLORIDA KEYS You can't go much farther south in the United States than the Florida Keys. Kick back island-style in this relaxed destination with clear blue waters, snorkeling, deep sea fishing and, of course, the home of Ernest Hemingway and his six-toed cats.

SAN DIEGO San Diego is not quite as temperate as the Southeast or Hawaii, with average temperatures at about 66 degrees, but it does offer plenty of sunshine and activity with many days hitting 70. La Jolla, just north of the city, is a charming spot for shopping, sea lion-spotting and sunning on the beach. Or head to Coronado Island, where you just might see Navy SEALs in training.



Sunset in the Florida Keys Wikimedia Commons

The cost of flying is going down, according to the U.S. Department of Transportation. The average domestic airfare was down nearly 10 percent, to \$353, in the second quarter of 2016 compared to the previous year.



Although the centennial celebration of our national parks has come to a close, plenty of Americans continue to discover their wonders. AAA reports that 79 percent of Americans say they are as likely or more likely to visit a national park in 2017.

New VA chief to decide Agent Orange list

BY TOM PHILPOTT

The next VA secretary will decide whether to expand the number of ailments presumed linked to exposure to Agent Orange and other herbicides used in the Vietnam War by up to four, which would qualify many more thousands of veterans for VA medical care and disability compensation.

The most common and controversial of the ailments in play is hypertension, or high blood pressure, which already afflicts two-thirds of Americans by 65 regardless of their service history.

So the secretary will have to weigh the association medical science has found with Vietnam War veterans against the potentially enormous cost and added burden on VA's health-care system. The other ailments under review are bladder cancer, hypothyroidism and Parkinson's-like symptoms without diagnosis of the disease itself.

For months it seemed that VA Secretary Bob McDonald would be making these tough calls. Last March he received the 10th and final biennial review of evidence of health problems linked to these exposures from the Institute of Medicine (IOM), now the National Academy of Medicine. He immediately convened a technical work group of VA medical experts to study its findings. The doctor co-chairing that group said McDonald likely could make decisions on these diseases by last August. It didn't happen.

The review took into account medical and scientific literature published from Oct. 1, 2012, through Sept. 30, 2014, and concluded that it supports changing the strength of association to herbicide exposure for several ailments.

For bladder cancer and hypothyroidism, it found "limited or suggestive" evidence of an association – an upgrade from previous findings of "inadequate or insufficient" evidence.

The review didn't upgrade but did affirm its past finding of "limited or suggestive" evidence that hypertension may be linked to herbicides. It also concluded that Parkinson's-like symptoms should fall into the same limited or suggestive category.

IOM withdrew an earlier finding that herbicide

may have caused spina bifida in children born to Vietnam War veterans. If VA accepts this, it would likely be applied only prospectively and not impact current beneficiaries.

For some ailments, including ischemic heart disease, VA secretaries have used "limited or suggestive" evidence to add diseases to the presumptive list. For others, such as hypertension, that category hasn't been seen as strong enough.

When August arrived without a decision on the findings, Congress deserved part of the blame. Last October, the House and Senate Veterans' Affairs committees allowed a provision of the Agent Orange Act of 1991 to expire. Lost was a requirement that the VA secretary take action on IOM recommendations

within 60 days of receiving its report.

The only lawmaker to complain was Rep. Timothy J. Walz, D-Minn., who urged that the law be preserved in full for two years, long enough to mandate a timely secretarial review of the final IOM report. VA itself urged Congress to extend the entire law by five more years.

Absent the deadline mandate, the VA technical team reviewing the IOM findings was diverted to other issues. The latest schedule was for the group to deliver a "draft VA response packet" to a VA IOM task force in early December. The task force was to review the packet and make its own recommendations to the secretary. But filling the task force positions in a new administration could take months.

Meanwhile, VA researchers have made some relevant new findings, as published recently in the *Journal of Occupational and Environmental Medicine*. The researchers analyzed 2013 survey data from Army Chemical Corps veterans who sprayed defoliant in Vietnam, and found that occupational herbicide exposure history and Vietnam service were "significantly associated" with a risk of hypertension.

Tom Philpott has been covering military personnel and veterans issues for nearly 40 years.



Rep. Tim Walz, D-Minn., spoke out against the expiration of a requirement for timely secretarial action on IOM recommendations. AP



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'Nothing wrong with you'

For years, Marine Corps veteran William Fuzi of Eustace, Texas, fought to have physical problems related to his Gulf War service recognized. More often than not, though, VA steered him toward mental health treatment.

Photo by Clay Lomneth



Gulf War Illness at 25: treated as a mental condition.

BY KEN OLSEN

William Fuzi came home from the first Gulf War suffering from fibromyalgia, irritable bowel syndrome, chronic fatigue, a mysterious rash and intense migraines. When he told the Marine Corps that every joint in his body was inflamed with pain, it diagnosed a bad knee and discharged Fuzi with a \$3,500 severance check.

"They told me, 'If you complain about anything else, it will just take you longer to get out,'" he says. "'But don't worry about it, because VA will take care of everything else.'"

Nothing could have been further from reality.

After making the rounds at 10 VA medical centers over the past 25 years, Fuzi is only getting mental-health checkups from a VA nurse practitioner despite the fact that he's been diagnosed with physical problems long attributed to Gulf War Illness. The care doesn't resemble anything therapeutic.

"They spend all their time trying to undiagnose me – and telling me Gulf War Illness is all in my head," Fuzi says. "I've lost all hope."

'IT'S SO DISCOURAGING' Fuzi's story is typical of the approximately 200,000 veterans suffering from Gulf War Illness. Even today, VA appears to be less than accepting of research showing that exposure to pesticides, chemical weapons and an experimental medication inflicted debilitating diseases on a third of U.S. servicemembers, and a similar percentage of the British, Australian and Canadian troops who served with the multinational coalition that defeated Saddam Hussein. Instead, VA insists that Gulf War Illness is a psychological problem. Its latest clinical practice guidelines direct medical staff to send Gulf War veterans with complaints like Fuzi's to mental health treatment.

"I am painfully reminded of the veterans of World War I who were exposed to mustard gas in the trenches of Europe," says Roberta White, chairwoman of environmental health at the Boston University School of Public Health and former scientific director of the federal Research Advisory Committee on Gulf War Veterans' Illnesses. "These veterans did not receive support

for their health problems or the hardships their families endured due to their disabilities when they returned from combat.”

“It’s so discouraging,” adds Anthony Hardie, who served in the Persian Gulf with the Army. “Gulf War veterans can’t get their claims approved. They are too sick to work. And if they go to VA, they are told they are conspiracy theorists and sent off as if they are children. Twenty-five years later, VA is still utterly failing Gulf War veterans.”

VA did not respond to questions for this story.

Gulf War veterans started experiencing excruciating joint and muscle pain, debilitating fatigue and gastrointestinal problems, rashes, respiratory issues, migraines and other illnesses during and soon after their deployment in 1990 and 1991. As the number of veterans reporting similar problems grew following the war, their collection of medical issues became known as Gulf War Illness. Scientists and servicemembers suspected the cause was chemical exposure. VA, and initially DoD, wrote it off as stress.

Hardie got a dose of this skepticism when he sought medical help for his “Kuwaiti cough” – he’d been expelling black sputum from his lungs for months – upon returning to Fort Bragg, N.C., after the war. “I heard my medic out in the hallway telling a doctor I was ‘another one of those Gulf War veterans who thinks he’s sick,’” he says. “I vowed to never seek treatment again until I was out of the military.”

His VA experience was equally discouraging, he says. “The designated Gulf War doctor at the Madison, Wis., VA told me, ‘There’s nothing wrong with you Gulf War vets. It’s all in your heads. You just need to forget about it ... get on with your lives and get past it.’”

Research has consistently shown that Gulf War Illness was not caused by combat stress, which is not surprising given the circumstances. The actual conflict was short: a six-week air campaign followed by a four-day ground war. “Most veterans were never in battlefield areas and didn’t see combat,” says epidemiologist Lea Steele, who conducts Gulf War veterans research at Baylor College of Medicine in Houston. “And PTSD is far less prevalent in Gulf War veterans than in veterans of other conflicts.”

Multiple studies have reinforced the fact that Gulf War Illness wasn’t caused by psychological issues, adds Steele, who like White served as scientific director of the Research Advisory Committee on Gulf War Veterans’ Illnesses. That

group reviewed the extensive research into the causes of Gulf War Illness. “The data were very consistent – wartime trauma, stress, service in combat, seeing dead bodies, were not associated with Gulf War Illness,” Steele says.

White was part of a team at the Boston VA that gathered health data on 2,000 Gulf War veterans who returned to the United States through Fort Devens, Mass. That data also showed the rate of PTSD and psychological problems related to the war to be quite low, she says. But veterans who reported pesticide exposure during their Persian Gulf deployment appeared to be sicker.

A few years later, White and her colleagues did more extensive examinations of some of those same Fort Devens veterans at VA’s request. They found that three types of neurotoxic exposure were common among veterans suffering from Gulf War Illness: pesticides, an experimental medication called pyridostigmine bromide (PB) given to troops to protect them from the effects of a possible nerve gas attack, and exposure to chemical weapons released when coalition forces blew up Iraqi ammunition dumps. DoD now estimates that 100,000 of the 700,000 U.S. troops in the Persian Gulf could have been exposed to nerve agents released after the cease-fire, when U.S. forces destroyed massive Iraqi munitions dumps at Khamisiyah, Iraq, in March 1991.

“It’s not an unexplained illness,” says White, referring to a catch-all used by VA to describe many of the medical issues associated with Gulf War Illness. “It’s a chemically induced illness.”

Steele agrees that Gulf War Illness was the result of chemical exposures. “This is the only war in which PB was given to many thousands of U.S. troops,” she says. “The evidence implicating PB is strongest – it’s a significant factor across all studies that have looked at this. Studies also link pesticide use to increased rates of Gulf War Illness.”

And a 2003 DoD investigation concluded that thousands of veterans were overexposed to pesticides during Desert Shield/Desert Storm, including more than a dozen that posed health risks. There’s also a list of other potential toxic exposures with a less definitive tie to Gulf War Illness, ranging from oil-well fires to the massive number of vaccinations given to U.S. troops.

‘TREATED LIKE TRASH’ The toll exacted by Gulf War Illness has been excruciating. Mary Baggett developed fibromyalgia, chronic fatigue, irritable bowel syndrome, persistent rashes and

migraines. The painful egg-sized lump that appeared in her armpit during the conflict – characterized as harmless by a doctor she consulted during her tour – proved malignant and was finally removed when she was treated for stage 3 breast cancer three years ago.

Baggett's oldest son, born two years after the Gulf War, has a rare bone disease and ulcerative colitis. Her youngest son has irritable bowel syndrome. She believes both conditions are linked to Gulf War Illness. Baggett's former husband, John, also a Desert Shield/Desert Storm veteran, suffered from chronic fatigue, severe diarrhea and digestive problems that began during his Persian Gulf deployment. He fatally shot himself in 2008, weeks after a VA psychiatrist put him on Prozac – the only VA treatment he received.

Joel Krall likewise blames the Gulf War for the loss of his health and his wife, Renee, who was also a Gulf War veteran. She killed herself in December 1998, one of many Gulf War veterans in Krall's circle who have taken their own lives. Krall also struggles. "I have suicidal ideation," he says. "I think about it constantly." Most of Krall's symptoms started while he was in the Middle East. The skin problems were the most obvious. "Nobody knows what the fungus is," he says. "It does the whole-body migration thing. I had it in my crotch, my thighs. It's not life-threatening, but it can be debilitating."

Krall also suffered substantial gastrointestinal problems – "I was passing copious amounts of blood" – urinary tract issues and developed multiple chemical sensitivity in the Persian Gulf. Renee killed herself just as Krall was preparing his first VA disability claim. It took 10 years and a major health crisis before he could bring himself to restart the process. Today, he is considered 100 percent disabled by VA for damage to his spine and other problems, but nothing related to Gulf War Illness. That's not a surprise given that VA rejects 80 percent of all Gulf War Illness claims, according to Veterans for Common Sense.

Like many Gulf War veterans, he believes the unusually high rejection rate is deliberate. "It goes back to what happened with Vietnam veterans and Agent Orange," he says. "VA's payout would double overnight."

Money isn't the point. "I feel disrespected ... treated like trash," Krall says. "I think most of us deserve to be taken care of if we were injured in the line of duty." But he doesn't have much hope for change. "I think we're forgotten," he says of Gulf War veterans. "You don't see it in the news.

Nobody cares that it's been 25 years."

During the darkest days of the past two and a half decades, Gulf War veterans such as Hardie and David Winnett have pressed DoD, VA and the medical research community to keep searching for causes and cures. Hardie started a website, **www.91outcomes.com**, to help Americans who served in the first Gulf War, and Krall and others credit him for helping navigate VA's complicated claims system.

Winnett, a Marine who worked his way up from private to captain during his 20-year career, was a Gulf War Illness skeptic until bilateral muscle and joint pain, hand and arm tremors and other issues overtook him.

"I was reaching up to close the bed cover on my pickup and it instantly felt like someone hit my hands with a hammer," Winnett says of the onset of his some of his worst symptoms.

His chronic fatigue, joint pain and cognitive problems became so intense that he had to leave his six-figure job as fleet manager for a large city in Southern California.

Today, Winnett runs a Facebook support group that includes 10,000 Gulf War veterans and families. They help each other with claims, follow research developments and reach out when someone is in despair – which is common not only because VA rejects the majority of disability claims, but also because it insists that Gulf War veterans only need PTSD treatment. When Gulf War veterans get PTSD ratings, Winnett says, their illnesses will be dismissed as psychosomatic. Worse, many of the medications VA prescribes for PTSD are known for side effects that include suicidal ideation.

Scientists say they are on the cusp of finding promising treatments. And VA's recent five-year extension on the deadline for filing Gulf War claims gives them a welcome reprieve.

"Veterans don't get their half of the deal," White says. "I am so worried that this is going to go away and Gulf War veterans are going to die sick." She and other scientists with decades of Gulf War Illness expertise say VA must recognize the evidence for the diseases and get behind the search for treatments.

"It's still very important to find effective treatments and more definitive answers about why veterans became ill," Steele says. "These veterans deserve to get their health back." 🌿

Ken Olsen is a frequent contributor to The American Legion Magazine.

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Cognitive science Ph.D. candidate Rachel Johnson works with William Brownell, who received a brain imaging scan at the Minneapolis VA hospital to look for patterns unique to Gulf War veterans. Photo by Richard Tsong-Taataril / Minneapolis Star Tribune

In Minnesota, the promise of a test for Gulf War Illness

Brian Engdahl sees the day when a blood test could remove all doubt about who's suffering from Gulf War Illness. It may be less than five years away.

The key is the way an individual's immune system is genetically programmed to respond to environmental insults, says Engdahl, a researcher at the University of Minnesota Brain Sciences Center and the Minneapolis VA Health Care System. Such insults include the toxic exposures veterans experienced during the first Gulf War.

Engdahl and fellow researchers recently analyzed the health history, immune system genetics and brain scans of approximately 240 Gulf War veterans. Forty-six had no medical complaints. Ninety-one had medical problems, and another 98 had both medical and mental health issues. That variation indicates that some people are able to tolerate high levels of exposure to environmental toxins, while others become seriously ill. The difference appears to be determined by an individual's particular human leukocyte antigen (HLA) complex. Each individual's HLA is determined by genetics.

And the HLA type can be identified with a blood test.

This sort of diagnostic test is important because the symptoms Gulf War veterans exhibit may not fit established diagnostic categories. "Some veterans come in with some symptoms of chronic fatigue, but not all," Engdahl says. This may result in the veteran being turned away for lack of a clear diagnosis. With the right blood test, "we will be able to say some very clear things about what is wrong with a veteran and how to treat it."

The American Legion Department of Minnesota raised \$1 million to endow the Brain Sciences Chair at the University of Minnesota and the Minnesota VA Medical Center in 1991, where Engdahl's research is being done. Researchers at the center now want to try to replicate their results by studying 1,000 Gulf War veterans over the next three years.

"We could picture the day when a blood test would point the way to a treatment plan and give doctors a solid way to proceed," Engdahl says. "It's all part of a larger trend toward personalized medicine based on genetics."

Resources for Gulf War veterans

■ Download the American Legion Gulf War Era Benefits & Programs brochure: www.legion.org/publications

■ Gulf War Illness health and news:
www.91outcomes.com

■ Gulf War Illness Research Program/
DoD-Congressionally Directed Medical Research Program:
cdmrp.army.mil/gwirp

■ Gulf War Illness Consortium (GWIC): sites.bu.edu/gwic

■ Gulf War Illnesses Facebook group:
www.facebook.com/groups/125208941896

■ National Veterans Legal Services Program:
www.nvlsp.org

■ Research Advisory Committee on Gulf War Veterans' Illnesses (RAC): www.va.gov/rac-gwvi

■ War Related Illness and Injury Study Center:
www.warrelatedillness.va.gov

■ VA Gulf War page: www.va.gov/gulfwar

■ Comprehensive assessment of Gulf War Illness research:
www.va.gov/rac-gwvi/docs/committee_documents/gwiandhealthofgwwveterans_rac-gwvi-report_2008.pdf

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Rep. Tammy Duckworth, D-Ill., an Iraq War veteran and Legionnaire, speaks after winning the Democratic nomination for the U.S. Senate last spring. On Nov. 8, she defeated incumbent Mark Kirk, a Navy veteran. AP

Veterans Wanted

Their ranks in Congress are shrinking, even as the post-9/11 generation answers the call to serve.

BY ALAN W. DOWD

"The nation today needs men who think in terms of service to their country and not in terms of their country's debt to them."

– Gen. Omar Bradley, 1948

The good news is that some of those who have served our country in uniform are answering our country's call to serve yet again – this time in Congress. Veterans Campaign, a nonpartisan organization that trains veterans for "a second service in civic leadership," reports that the number of veterans in the Senate had decreased in every election since 1982 – until 2014, when the trend was reversed. And Iraq and Afghanistan veterans accounted for one-quarter of the Senate's 2014 freshman class.

As *Military Times* reports, 54 veterans of the Iraq and/or Afghanistan wars ran for Congress in 2016 – "almost a third of 172 veterans running in all the open congressional races." In fact, *Military Times* notes, the number of recent war veterans in Congress has risen every two years since 2006. That trend will continue in the 115th Congress (2016-2017). At least 27 veterans of post-9/11 wars won congressional races Nov. 8 – up from 26 in the last Congress.

Even with several older veterans retiring, the new Congress could field as many as 103 veterans. (Given that some seats were still in question as this issue went to press, the final tally for the 115th Congress was not yet official.) The number of veterans on Capitol Hill hasn't dipped below 100 in 70 years, according to Veterans Campaign.

Now for the bad news. The overall number of veterans serving in Congress has fallen steadily in recent years. As the Congressional Research Service (CRS) reports, the number of veterans peaked in the House during the 90th Congress (1967-1968), when they accounted for 75.2 percent of the body, and in the Senate during the 94th Congress (1975-1976), when they comprised 80 percent of the upper chamber.

This was largely a function of World War II. With 16 million Americans serving in the military during

the war – fully 12 percent of the nation's 1941 population – the number of veterans serving in Congress naturally grew in the postwar period. As historian Victor Davis Hanson observes, "Being a World War II veteran was virtually mandatory for any congressional leader until about 1970." Indeed, by 1969, 398 of the 535 members of Congress were veterans (74.3 percent).

Compare those numbers to recent trend lines. According to CRS, at the beginning of the 114th Congress, 101 members had served in the U.S. military: 81 in the House and 20 in the Senate. That equals 18.8 percent of Congress.

Thus, even with the recent influx of Iraq and Afghanistan veterans, the number of veterans in Congress is lower today than it was in the 113th Congress, when 108 members had served. And that was lower than the 112th Congress, when 118 members had served in uniform.

"Thanks to OIF/OEF vets, we may be reversing this four-decade-long decline," says Seth Lynn, executive director of Veterans Campaign.

ASTERISKS The percentage of veterans in Congress is still higher than that of the general population (about 9.3 percent of today's U.S. population served in the military). Yet *The Washington Post* notes that in the 1970s, when veterans comprised more than 75 percent of Congress, they accounted for less than 14 percent of the general population. If the same proportions held today, almost half of Congress would have military experience.

We are nowhere near that percentage. Instead, in a time of war and international instability, less than one-fifth of those who decide when, where and whether to give the president authorization for military action, how much to allocate to national defense, and whom to entrust with the keys to the Pentagon, VA, CIA and National Security Agency have military experience.

The same trend is evident at the other end of Pennsylvania Avenue. By the time the United States inaugurates Donald Trump as its 45th commander



Republican candidate Brian Mast hugs his son Maverick, 4, with the help of a supporter during his campaign gathering in Stuart, Fla., on Nov. 8. Mast beat Democrat Randy Perkins in the race for Florida's Congressional District 18. AP

in chief, only one of the four presidents elected between 1992 and 2016 will have served in the military (George W. Bush).

However, there's an asterisk. We like to think that military service has always been a presidential prerequisite, but that's something of a post-World War II anomaly. Although an uninterrupted string of nine presidents between 1945 and 1993 were veterans, no president had military service between the end of Theodore Roosevelt's presidency (1909) and the beginning of Harry Truman's (1945).

Of course, there's an asterisk to this asterisk. VA notes that 26 of the 44 men who have served as president also served in the military (that's 60 percent). Five more served in state militias (that's 72 percent). So, perhaps the immediate pre-World War I era is the anomaly.

In short, it seems Americans have traditionally viewed military service as an important indicator of the kind of judgment and experience needed to serve in the White House and Congress. If that viewpoint no longer holds sway, those who worry about the dwindling ranks of veterans in elective office can find some solace in history: long before he served as president, John Adams proved himself a wise and able legislator in war and peace, though he never served in the military. Likewise, Franklin Roosevelt proved himself a resolute and ready commander in chief, though he never served either.

DISENCHANTMENT As the bipartisan gamble known as sequestration shrinks the size of the military, as active-duty personnel and veterans grow increasingly disenchanted with government, and as military service and the military itself become an abstraction for most Americans, it's difficult to see how this trend will be reversed.

Let's take a closer look at each of these factors.

In the past decade, the Air Force shed 44,000 active-duty personnel. The Army's active-duty end-strength will fall from 570,000 soldiers to 450,000 by 2018, the Marines' active-duty end-strength from 202,000 to 182,000 by 2018, and the Navy's active-duty end-strength from 327,300 to 323,100 by 2021. Yet the demands on the sequestration-era military – fighting jihadists in Iraq, Syria, Afghanistan and North Africa, deterring Russia, China and North Korea, serving as civilization's first responder and last line of defense – are no lighter than that of the pre-sequestration military.

This puts immense pressure on those who remain in uniform and sends an unintended message that the military is somehow to blame for our fiscal woes. Nothing could be further from the truth. Defense spending is just 14.7 percent of the federal budget (down from 20 percent in 2011). In fact, Washington could have eliminated the entire defense budget in 2013 (\$633 billion that year), yet we still would have had a budget deficit (\$680 billion that year) – and wouldn't have put a dent in the national debt (\$16.7 trillion that year).

If sequestration continues to hack away at the military, as the American Enterprise Institute's Thomas Donnelly warns, "(w)e, as a civilian society, will have broken faith with the very small number of Americans who go in harm's way to defend us."

That brings us to the quite serious issue of disillusionment among the troops. The armed forces face a morale crisis unlike any since the Vietnam era. A survey of active-duty troops by *Military Times* reveals "a force adrift," with America's defenders reeling from deep cuts and feeling "underpaid, underequipped and underappreciated." Forty-four percent say pay is good/excellent, down from 87 percent in 2009; 45 percent say health care is good/excellent, down from 78 percent in 2009; and

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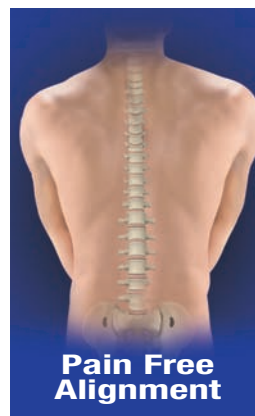
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27 percent say the senior military leadership has their best interests at heart, down from 53 percent in 2009. VA's problems of recent years have raised similar concerns among veterans, with 60 percent saying they are less confident in VA.

Finally, we come to the growing disconnect between the U.S. military and the American people, including their elected representatives.

"Military illiteracy has inevitably worsened with each succeeding generation" since the end of the draft and creation of the all-volunteer force in 1973, argues Col. Kenneth Allard, former dean of the National War College. Indeed, with only 2.2 million active-duty troops and reservists serving a nation of 320 million, a tiny fraction of Americans have family or friends in the military nowadays. That means the overwhelming majority of Americans simply don't understand – let alone experience – the sacrifice, burdens and benefits of military service.

As author James Fallows observes, "Everyone 'supports' the troops but few know very much about them." Instead, most Americans are so disconnected from their nation's military that it's something of an abstraction to them.

That's not the sort of relationship Americans should have with their military, especially as the nation wages war against transnational terrorists, digs in for Cold War II with a revisionist Russia and braces for a dangerous decade with a rising China. "Battles are won," Bradley observed, "by soldiers living in the rains and huddling in the snow. But wars are won by the great strength of a nation – the soldier and the civilian working together."

To reconnect the American people and their military, some are calling for a return to the draft. The thinking in 1973 was that a military comprising solely people who wanted to serve – even if it was smaller – would be more effective than a military comprised of people who would rather be somewhere else. The theory proved to be sound. For almost 45 years, the all-volunteer force has defended America's interests and defeated America's enemies.

To be sure, reinstating the draft would remind Americans that they are connected to something more than their smartphones, and it would certainly create a larger pool of veterans from which voters could draw at election time. However, is that the purpose of the U.S. military? Given the metastasizing threats confronting America, a case can be made for reinstating the draft. But creating a training ground for congressmen is not the best rationale. When we try to use the military to achieve some non-military social aim – no matter how worthwhile – we can do more harm than good. That may explain why Pew polling

reveals that 68 percent of all veterans – and 82 percent of veterans who have served since 9/11 – oppose reinstating the draft.

BOLDNESS Amid mounting problems at home and mounting threats abroad, the American people need Washington to make lots of tough decisions in the years ahead. The U.S. military is trained to do exactly that. As Rep. Ruben Gallego, D-Ariz., a veteran of Iraq, explained in an interview with *U.S. News & World Report*, military service "taught me about how to plan and how to execute, how to organize and, really, how to be bold." Congress needs more veterans to bring that boldness, that sense of purpose, to the policymaking process.

Yet this is about more than the sense of purpose veterans possess; it's also about respect for the elective institutions of government. Gallup polling reveals that 72 percent of Americans have high confidence in the military, while only 33 percent express confidence in the presidency and just 8 percent express confidence in Congress. Given those numbers, it stands to reason that Washington could benefit from a larger infusion of veterans.

Historian John Keegan once observed that the world of the warrior "exists in parallel with the everyday world but does not belong to it." Put another way, America's warrior class is motivated by a different set of values – honor, duty, service, country – than many of the people it defends. If we are to maintain a republic of free people, those values must inform the policymaking process.

Veterans are heroes, but they aren't superheroes. They can't fix everything. Still, they have shown a willingness to put their nation ahead of themselves. After fighting Nazis and kamikazes, communists and jihadists, veterans understand that America has real enemies – and those enemies are not the people on the other side of the political aisle.

"Our challenges and our enemies don't know us as Republicans or Democrats," Indiana's Todd Young, a Marine Corps veteran, said after winning a seat in the Senate.

"For any veteran who is considering running in the future," urges Rep. Lee Zeldin, R-N.Y., a veteran of Iraq, "our country and our Congress needs them to step up and serve yet again."

Perhaps Zeldin's words – and the nation's many challenges – will inspire more veterans to do just that in the years ahead. 🌿

Alan W. Dowd is a senior fellow with the Sagamore Institute and a contributing editor for The American Legion Magazine.



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'The job's not done yet'



Outgoing VA secretary assesses progress, identifies needs still to be met.

BY HENRY HOWARD

VA Secretary Bob McDonald meets with National Commander Charles E. Schmidt, Past National Commander Jake Comer and VA&R Chairman Ralph Bozella at VA headquarters in Washington. Photo by Pete Marovich

Secretary Bob McDonald is leaving the helm of the Department of Veterans Affairs after taking over 30 months ago in the wake of a medical appointment wait-times scandal. After his Senate confirmation on July 29, 2014, McDonald immediately began working to restore trust in VA among veterans alarmed at reports of comrades dying while waiting to see doctors, facing issues with their own care or experiencing delays in the appeals process.

In an exclusive interview with *The American Legion Magazine*, McDonald addresses changes made, reforms in process, and advances in care for women and those with PTSD, among other issues.

How would you rate progress at VA since you became secretary?

We've made a lot of progress under the MyVA transformation, but the job's not done yet. The progress that we've made includes 4 million more completed appointments versus the previous year. How have we done that? We've done that by adding millions of square feet of new space, of new clinics. We've added over 1,200 new doctors, over 2,300 new nurses. We've expanded clinic hours. We've improved productivity of the staff. Our goal for the end of 2016 is that all our facilities have same-day-access capability. We're on track.

Secondly, the disability claim backlog is down 90 percent. Those are claims that have been around more than 125 days. It now takes less than 125 days – less than 90 days, even – to get a claim decided. Third, veteran homelessness is down by 47 percent since 2010. The last year was one of the years of the biggest decline, 17 percent, partly because of our focus on Los Angeles.

But we have a lot of things we need to do. We've laid out the legislation we need from Congress, none of which really should be political, but legislation to do things like allow us to hire more doctors for emergency rooms. Or legislation that changes the appeals process. We have a backlog of 550,000-plus appeals, and we're promising to get appeals decided within a year if we can simply get this legislation passed. We're dependent a lot on what Congress does. So far, they've not done enough for veterans.

Employee morale has been a high priority for you over the past year and a half. How is that going?

You're right, the strategy is to improve the employee experience because that's the only way you can improve the veteran experience. The No. 1

thing we've done is we've increased our training. We do a program called Leaders Developing Leaders where the leadership team and I train the top 600 leaders. We then give them a training kit to go back and train the next level of leaders. We cascade that training throughout the organization. One of the things we require is that when you leave that training you work on a project to improve your area of responsibility. Imagine all 360,000 employees working on a specific project to improve their area of responsibility. We then account for those. We measure them, we track them and we make sure that when one project is ended, another one is started.

Ninety percent of veterans love their VA care. It's that 10 percent that, for some reason, has fallen off the rails. How does VA improve on that 90 percent number?

We have seen an improvement in the outcomes for veterans, and their trust in VA is up about 12 percentage points. I think the most important thing is to make sure the culture is all about veterans so that employees can get that score up. Let's say we get to 98 percent. There still has to be an outlet for that 2 percent. There has to be some way for that 2 percent to raise their issue and get it adjudicated. That's why, in September 2014 at my first national press conference, I gave out my cellphone number and email address. Every day I get comments back from the 2 percent or whatever percent it might be, saying they needed help with an item, and I've set a team of people who help me get those things resolved. There are going to be some disgruntled people. We need to make sure they get a fair hearing. In the end, they may not agree, but we need to make sure they get a fair hearing.

The Legion and some members of Congress have called for reforming the appeals process – the Appeals Modernization Act, which the House passed. How big of a priority should similar legislation be for the next Congress?

It's the ultimate priority. As I look back at what has occurred, and the progress we've made, this is the one outlier that is a gross injustice to veterans. Veterans aren't happy about it. I'm not happy about it. As we looked at it, the only way to solve it is to change this 80-year-old law. It's archaic. We know that if we do that we can make a difference. I think the way claims have been dealt with is a great example. We digitized the system, eliminated 5,000 tons of paper. We're now able to move those

claims around the country to where they can be dealt with, and the number keeps coming down. We've got to do the same thing with appeals.

Somewhere between 10 and 15 percent of combat veterans are experiencing PTSD and TBI symptoms. How is VA reacting to the current generation of sufferers and allocating resources differently?

First of all, we've allocated research money toward mental health, PTSD, TBI. We've also had a conference bringing together the national experts, called Brain Trust, where we try to get researchers to share with each other in order to advance the science. In terms of alternative therapies, we've set up an office under Dr. Jennifer Lee; its only mission is to look at alternative therapies and then try to validate them numerically, so we cannot only use them more broadly within VA, because we'll do that anyway, but also change American medicine. This is one of the roles I think VA has, as the largest and greatest health-care system.

We're already the largest user of acupuncture in the country, equine therapy, music therapy, creative writing therapy. All these things are things we're trying, that frankly you couldn't get a private medical system to do until the insurance company is willing to pay for it.

Some veterans have had success with medical marijuana. Where do you stand on the use of medical marijuana for veterans with PTSD?

Because we're a federal agency, we have to follow the federal law, which says marijuana is against the law. Having said that, Dr. David Shulkin, our undersecretary for health, has made it clear to doctors within the Veterans Health Administration that they are allowed to, and should, consult on the use of medical marijuana in the states where it's allowed. Our doctors can be involved in that discussion. There's no preclusion against that. We just can't prescribe it yet, given the federal law.

You have talked in the past about genome mapping. Where does that stand now?

There's some evidence now that understanding the genetic sequencing of an individual can help us determine which post-traumatic stress treatment is more likely to work, and that's great news. We have well over 550,000 blood samples of veterans. We're in the process of working with the Department of Energy, and also with IBM Watson, to map the genome of those, and link them with

the 20 to 30 years of medical records we have for those veterans.

I'd like to thank all those veterans who are continuing to serve their country by providing this. There's no other country on Earth that has this capability, and this capability was built by veterans.

We're now incorporating it in all our diagnoses in our work with veterans so they understand what they're susceptible to. It's an example – just like VA doing the first liver transplant or the first implantable cardiac pacemaker – of VA leading innovation that not only helps veterans, but helps American medicine, helps the American people.

Let's talk about electronic medical records. What's keeping VA and DoD from going full bore and implementing this across the board?

Right now, VA and DoD have both certified that they have an interoperable record. VA docs can see the DoD record. DoD docs can see the VA record. The question is, "Why don't we just go to an identical record?" DoD docs and VA docs have decided that they have different needs in that regard. As a result of those different needs, that's kept the two agencies away from identity. I think the future of electronic medical records in this country is something that's going to be very different from where we are today. It's probably going to be cloud-based, not server-based. It's probably going to be agnostic to the medical record software and simply be able to gather data from any kind of record that exists. We're working with some folks at Georgia Tech to understand that and get ahead of it, so that no matter what doctor the veteran goes to, no matter what medical record that doctor has, we can capture it and bring it up in an easy way for doctors to use.

As you mentioned, one of VA's greatest successes is reducing homelessness. What else needs to happen to build on that?

Since 2010, homelessness is down about half, by 47 percent. We've housed more than 36,000 veterans and family members, or kept them from falling into homelessness. What needs to happen now is, we have less than 40,000 homeless veterans nationally. We literally have them by name. Those left are typically the ones who are in greatest need. Maybe a drug addiction, maybe a mental health issue, maybe incarceration is part of their past. Since we have them by name, we're working with facilities all over the country to figure out the customized treatment they need.



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The American Legion has been involved with many homeless-reduction successes firsthand – U.S.VETS in D.C. and MCVET in Maryland, for example. How significant is that contribution?

The Legion is a great partner. I said this when I came into this job: VA cannot do this job by itself. The idea, for example, of VA alone identifying the risks of suicide in a veteran is nonsensical. There aren't enough employees. We need the entire community coming together. That's one of the reasons we set up community veteran engagement boards around the country. It's one of the reasons we've strengthened the relationship with our veterans service organizations like The American Legion. We need help. We can't do it by ourselves.

The number of women veterans using VA health care has doubled since 2000. How is VA adjusting to meet that demand shift?

We have an office, the Center for Women Veterans. We hired a new leader for that office, Kayla Williams. She was a translator in Iraq and Afghanistan. She walked with the infantry. She's tough. She's a great leader. I want her to better embed the growth of women veterans into our strategies. In the past, that office had been mostly outreach to female veterans, and that's important because women veterans don't always self-identify.

I want Kayla to go through all our strategies, all our policies, everywhere we're active, and build capability so we're ready for this large influx of women veterans in the future. Are we hiring enough gynecologists? What do we do about child care? What do we do about in-vitro fertilization for those who may have lost their ability to procreate because of battle injury? What do we do about women's health clinics? Do we have enough? How about when we look at our clinic hours? Are we taking into account women and families? This is a big area for us and it's got to be a big part of our transformation.

What would help VA better assist those women with military sexual trauma?

I'm not sure we need legislation, because we already have the ability to serve. In terms of military sexual trauma, we're OK. What we need, obviously, is infrastructure improvement. Sixty percent of our buildings are over 50 years old. Many of them were built with single-gender restrooms. Many were built with communal bays for patients. Those things aren't amenable to a

large influx of female veterans. We need to be changing our buildings to accommodate this.

After the summer flooding in North Carolina, VA worked with The American Legion and others to establish a mobile medical unit, bringing in veterans and civilians who needed care. How important is it for VA to activate in these crises?

We call it our fourth mission. As the largest integrated health-care system in the country, we are the safety net of health care for the American people. We take that fourth mission seriously. We have disaster drills, just like in the military. In the absence of that practice, and in the absence of a big national disaster, we go to the small ones. We were involved in the floods of North Carolina. We were involved in the shootings at Pulse in Orlando. We had mobile vans on the scene. We were doing counseling. We go wherever the disaster is. It doesn't get much press, but it's a very important mission for us.

Do you see those efforts expanding?

I actually think it's going to expand because of the need. We were deeply involved in the Ebola crisis. We had specific sites with rooms where we could put Ebola-affected patients. I think the discovery of these things, whether it's Zika, Ebola, whatever – it seems like they're coming more frequently as science improves, and also as globalization improves.

As you are about to leave VA, what do you see as some highlights of your tenure?

My purpose in life is to improve the lives of others. On any given day that I can sit with a veteran and have him or her tell me that some change we made improved their life, that for me is the biggest satisfaction. Like the day I talked to Bryant Jacobs, who had our first osseointegration operation in Salt Lake City. Rather than having a prosthetic device with the male-female coupling, we put a titanium rod in the femur, and the prosthetic device snaps on. Bryant told me that for the first time he could feel the grout cracks on the tile in his shower. He talked about his golf score improving by 15 strokes. That kind of opportunity to do the research we then can practice because we're not encumbered by a for-profit system – that makes my life worthwhile. 🌿

Henry Howard is deputy director of media and communications for The American Legion.

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Getty

Pick your plan

The new military retirement system isn't perfect, but it has the potential to benefit more people.

BY J.J. MONTANARO

“How many of you are signing up for the military's new Blended Retirement System?”

That's what I asked a group of airmen recently at a financial readiness presentation.

Crickets. Not one person raised a hand or even gave me a “maybe.”

I'm thinking the message is not getting out about the Blended Retirement System (BRS), which rolls out Jan. 1, 2018.

Uh-oh.

Since this is a crucial decision for military families, I think it's wise to review the situation. More than a million servicemembers will have to make a choice between the BRS and the legacy

High-3 system, and it could ultimately be a six-figure decision.

The good news is that the Defense Department's comprehensive BRS education plan should be kicking into high gear this month. I hope it's effective. After my presentation, an airman told me she wouldn't be choosing the new system because she wasn't going to serve for 20 years.

Ouch! She's part of the majority of those serving – those who won't complete 20 years of service – who could benefit from signing up for the BRS.

Since we're in the homestretch before the new plan goes into effect, let's review six key points servicemembers should understand before choosing the right retirement path for their family.

■ **The new system doesn't affect current retirees.** If you're already retired, or a gray area retiree from service in the Guard or reserves, the new system will not affect your retirement benefits.

■ **The monthly military retirement check is not going away.** A monthly, inflation-adjusted check for life has tremendous value. Just check out DoD's Statistical Report on the Military Retirement System and you'll understand what I'm talking about. DoD actuaries calculated the value of military retirement for an O-5 retiring in 2016 after 20 years of service at more than \$1.3 million. For an E-7, the number was just shy of \$700,000. Even though the new BRS cuts the retirement annuity by 20 percent, it still amounts to a large potential benefit. Retiring under either system – the legacy or the BRS – will continue to offer tremendous benefits.

■ **Something is much better than nothing.** I've received a few letters from readers who aren't fans of the BRS. It may not be perfect, but the new plan offers a much wider group of servicemembers tangible retirement benefits in the form of DoD automatic and matching contributions to their Thrift Savings Plan (TSP) accounts. Remember, they can keep the entire TSP account – both their contributions and those made by Uncle Sam – as long as they serve at least two years and are vested. At that point, they can leave the account in place or transfer it to a new employer's plan or an IRA and keep it growing for retirement. Less than 20 percent of those who serve qualify for a 20-year retirement, so the new system casts a much wider net; DoD estimates that around 85 percent will benefit from BRS.

■ **Do your homework early.** Servicemembers have until the end of 2018 to decide, but the longer they wait the more DoD contributions they will miss out on. There are no retroactive contributions. No one should rush to judgment, because the decision is irrevocable. But those who will make a decision should spend 2017 evaluating their options so they can make the choice early, and if they choose the BRS reap nearly a year's worth of DoD contributions to their TSP. Remember, those who joined or contracted to serve between 2006 and 2017 will have to opt in to the BRS. Taking no action means staying in the legacy plan.

■ **Ease into the change.** If you learned your income would be cut by 5 percent starting tomorrow, you'd probably have a few choice words. After that, you'd scramble to figure out how to make things work. Someone considering the BRS

should know and prepare to make at least a minimum contribution of 5 percent to the TSP to take full advantage of the DoD match. With that in mind, it's critical to factor that into your budget now. What's the best way to do that? Consider contributing to the TSP today. With that approach, you won't feel a serious financial disruption in 2018. You will still be saving for the future and building for retirement. That's a win-win.

■ **Numbers can be made to dance.** By the time you read this, both DoD and USAA calculators should be available to help servicemembers make a decision. I'd recommend that anyone faced with a choice check them out and run the numbers. Having evaluated both plans, built countless spreadsheets and had numerous conversations about the change, one thing is clear: you can make the numbers support either side of the "Which is best?" argument. There are assumptions about rates of return, discount rates and life expectancy – just to name a few. All these assumptions can have a dramatic effect on the outcome of any calculation. So consider them carefully and with some skepticism.

For those who serve 20 years, the BRS is probably not as lucrative as the legacy system in terms of DoD's contribution to their retirement. However, when you consider the potential retirement benefits resulting from a military retirement check along with the total package of DoD and servicemember contributions to the TSP, there is certainly upside.

Not to mention, the BRS also serves the greater good, providing retirement benefits for more people. And it's hopefully going to encourage a larger number of servicemembers to save for their future, perhaps even creating a new generation of savers.

Take advantage and encourage those you know to make the most of DoD's training. Check out information and tools from other trusted sources, and be prepared to make the decision early in 2018.

J.J. Montanaro is a certified financial planner with USAA Financial Planning Services, one of the USAA family of companies. USAA is The American Legion's preferred provider of financial services.

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American Legion Post 77 in Lexington, Tenn., flew 400 U.S. flags ahead of Veterans Day. Photo by Lucas Carter

PATRIOTISM

FIELD OF FLAGS

In the weeks leading up to Veterans Day, thousands of commuters daily drove past a field on Church Street in Lexington, Tenn., where 400 U.S. flags waved. Others stopped to take photos or walk among them, reading hundreds of dedications posted with them.

According to American Legion Post 77 Adjutant Lanny Culver, this was the third year the post organized the Field of Flags. Each year, it has received more dedication requests than flags in the field. It went from 200 to 300, then 300 to 400. Last fall, there were 410 dedications honoring veterans.

Members of Post 77 worked with local residents to post the flags Oct. 29, and they flew until Nov. 19. On Veterans Day, the post's honor guard participated in a ceremony at the field.

In addition to a laminated dedication on each flagpole, sponsors receive a high-quality, U.S.-made flag, ordered through American Legion Emblem Sales. The post uses its monetary rewards from participation in the Flag Rewards program to support flag displays at county cemeteries. It recently placed 25-foot flags, poles and solar lights, along with infrastructure, at four cemeteries throughout the county. Culver estimates that money from this year's Field of Flags will fund at least four more cemetery displays.

"It's just a great thing for this little town, and the community wants to be a part of it," Culver says.

A group of more than 50 people showed up to help post flags, including Boy Scouts, Cub Scouts and a high school JROTC unit. "They come to us wanting to be part of it," he adds.

BY THE NUMBERS

Veterans keep America going

169

Average number of hours volunteered per year by each veteran

126

Average number of hours volunteered per year by each non-veteran

73.8

Percent of veterans who vote in local elections

57.2

Percent of non-veterans who vote in local elections

59.2

Percent of veterans who give to charity

52.1

Percent of non-veterans who give to charity

10.7

Percent of veterans who work with neighbors to address community issues

7.6

Percent of non-veterans who work with neighbors to address community issues

17

Percent of veterans who contact public officials

10

Percent of non-veterans who contact public officials

18

Percent of veterans who participate in civic and/or service organizations

6

Percent of non-veterans who participate in civic and/or service organizations

Source: Got Your Six Veterans Civic Health Index

VERBATIM

“Ours was not a campaign but rather an incredible and great movement, made up of millions of hard-working men and women who love their country and want a better, brighter future for themselves and for their family. It is a movement comprised of Americans from all races, religions, backgrounds and beliefs, who want and expect our government to serve the people – and serve the people it will.”

Donald Trump, who was declared the winner of the 2016 presidential election in the early hours of Nov. 9, with a projected 306 electoral votes to Hillary Clinton's 232. In his victory speech, Trump congratulated Clinton on a hard-fought campaign and said Americans owe her a debt of gratitude for her service to the country.

HONOR & REMEMBRANCE

Legion leads memorial inventory effort

American Legion National Commander Charles E. Schmidt is calling on all posts, districts, counties, areas, zones, departments and affiliates to help build an unparalleled database of memorials and monuments that honor U.S. military service and sacrifice. The database and uploading instructions can be found at www.legion.org/memorials on the Legion's national website.

"As The American Legion nears its centennial year, one aspect of our organization's rich legacy is universal – 'to preserve the memories and incidents of our associations in the great wars,'" Schmidt said, quoting the Preamble to the American Legion Constitution. "We know that in virtually every corner of the country, and beyond our shores, American Legion Family members have paid tribute to military service, honor and remembrance by carving out sacred spaces in their communities to ensure that the price paid for freedom is not lost on future generations."

Schmidt said the Legion's memorials database project is a great opportunity to involve the entire American Legion Family, youth groups such as Boy Scouts, local civic organizations,

schools and others. "What better way to commemorate the Legion's centennial than to spruce up, repair and revive awareness of those who served before us, whose memorials and monuments may be showing the effects of age and weather? It's also the perfect time for communities to reacquaint themselves with the meaning of their memorials."

The web platform – easily accessed and used from a smartphone or tablet – asks for the location of the memorial, a description, date of installation if known and a rating of its condition. Uploaders are also strongly encouraged to take photos of the memorial and post them on the database. Once a submission has been made, it may take a couple of days before it appears, following review.

The American Legion is also working with the United States World War One Centennial Commission and the Pritzker Military Museum & Library to document monuments and memorials dedicated specifically to World War I, thousands of which were erected by the early American Legion. The 100 Cities/100 Memorials program includes a matching-money grant opportunity for applicants. Learn more online at



www.worldwar1centennial.org/100-cities-100-memorials-home.

The National Executive Committee passed Resolution 10 during the Oct. 12-13 meetings in Indianapolis to encourage all Legion Family and affiliated groups to participate and build the national database.

 www.legion.org/memorials

FOREIGN AFFAIRS

A peek at North Korea's websites

Reclusive and secretive North Korea mistakenly allowed access to all the websites hosted on North Korean servers during a recent technology hiccup. In yet another sign of how behind and disconnected the Kim dynasty is, IT experts based in the United States discovered that North Korea has only 28 registered domains – total – under the country's ".kp" URL, as Yahoo News reports.

After combing through the North Korean websites, contributors to the social-news aggregation website Reddit found that North Korea's 28 websites include a website for purchasing tickets on North Korea's airline; a website providing North Korean recipes; a website similar to Google or Yahoo; a website promoting national unity; a website for insurance; a website devoted to film; a website promoting charities for elderly North Koreans; government websites focused on maritime issues, tourism and news; a website focused on North Korean sports; and, of course, a website for Kim Il Sung University.



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BASIC TRAINING MEMORIES

U.S. Marine Corps photo

In this ongoing series, readers look back on the good, bad and humorous experiences of their initiations into the military. *The American Legion Magazine* is publishing selected submissions in print and online. Go to www.legiontown.org and click on "Share Your Story," or mail your submission to Basic Training Memories, c/o *The American Legion Magazine*, P.O. Box 1055, Indianapolis, IN 46206. Photos are welcome.

WELCOME TO THE NAVY



Photo courtesy Mike Patterson

It was 1960, in a small town in Indiana. I was a high school senior and didn't know for sure what I wanted to pursue in my life. I talked to a Navy recruiter, and he advised me to take the entrance tests. I did so and was hooked. The comedy here came from the old line that you join the Navy and see the world. What they neglected to say was that the world is three-fourths water.

At Great Lakes, we were immediately herded into groups, talked down to for any reason the drill instructor saw fit, and learned the meaning of "yes, sir." The first week passed in a blur. I got a haircut (there went my Elvis duck tail), and was issued clothing that fit half decently and a battery of shots to supposedly keep me well.

Now we were full-fledged "boots." It was hours of marching on the grinder and washing clothes by hand. Classes on Navy background. Getting acquainted with "The Bluejacket's Manual" and, of course, Taps and Reveille.

I remember learning to use a firearm. We marched over to the firing range and were told about the M1 rifle – a bit more than I was used to. Ever had a Marine put his boot squarely on your butt, shove down and say, "Keep it there"? If the moment hadn't been dead serious, I probably would have laughed, as I think I missed the whole darn target.

We continued this intense indoctrination for most of 12 weeks, and by the end we were actually beginning to look like spit-and-polish sailors. To this day I want to thank the aviation gunner's mate first class we had as a company commander, who put us into shape for years to come.

– Mike Patterson, Lawrenceburg, Ind.

TOO BUSY BUFFING

I was drafted into the Army in 1959, only two years after emigrating from Germany. My English was bad, at best.

My first station was in Fort Dix, N.J. After I spent one week peeling potatoes and everybody left the barracks, I didn't know or understand that they'd all been flown to Fort Knox, Ky. I had to fly there alone. After I got there, the platoon sergeant asked me if I could clean and buff floors. I said yes, and every day when everybody left, I cleaned the barracks.

After about six weeks the sergeant asked me who I was, so I told him. He asked me if I went to any training. I said no, since I was busy buffing floors. Needless to say, he called me everything in the book, and he had to give me a crash course in everything in one day, by himself.

– Hans Franz, Remsen, N.Y.

29 AND FEELING FINE

I got an age waiver in 1986 to join the Marine Corps. I was 29 and had always wanted to serve, but my dad – a World War II Marine – always talked me out of joining. He passed away in 1985.

I was older than all three drill instructors at Parris Island, but I held my own and graduated on time. I was there from mid-July to mid-September, in the heat. I hate heights but had to do the jump rather than rappel off the 45-foot tower. I also remember causing the platoon a trip to the sand pit for not demonstrating a proper about-face. But I excelled at climbing the rope, remembering how I did it in high school.

I fit in with all the 18- to 19-year-olds, who told me about their pickup trucks back home. I'd tell them I had a brand-new 1986 Ford Bronco that I bought just before going in. Great memories I wouldn't trade for anything.

I know my dad was supporting me from above, all the way through the same camp he attended 44 years earlier.

– Paul Martinello, Somers, Conn.

ACTIVE DUTY

Navy ends ratings titles

The Navy has phased out all of its 91 enlisted ratings titles. As *Navy Times* reports, the system has existed since the days of the Continental Navy, and the changes will “reverberate through the fleet and the veterans community.”

“We’re going to immediately do away with rating titles and address each other by just our rank, as the other services do,” according to Chief of Naval Personnel Vice Adm. Robert Burke. “We recognize that’s going to be a large cultural change, it’s not going to happen overnight, but the direction is to start exercising that now.”

Navy Times provides an example: “Sailors will no longer be identified by their job title, say, Fire Controlman 1st Class Joe Sailor, effective immediately. Instead, that would be Petty Officer 1st Class Joe Sailor.”

Since its inception, the Navy has had some 700 titles, including 400

created during World War II.

The Navy’s change in titles follows on the heels of a change within the Marine Corps, which is removing “man” from 19 occupational titles.



U.S. Navy photo

MEMBERSHIP

NEW POSTS

Chancellor A. Keesling Post 306, Plainfield, Ind.

Chartered Sept. 29 (20 members)

Operating Engineers Local Post 139, Coloma, Wis.

Chartered Sept. 15 (14 members)

Post 152, White Bird, Idaho

Chartered Sept. 15 (19 members)

Sodbusters Post 307, Sibley, N.D. Chartered Sept. 8

(18 members)

Post 589, Warrenville, Ill.

Chartered Sept. 7 (18 members)

Mike Gardino Sr. Post 410, Rockledge, Fla. Chartered Sept. 7 (15 members)

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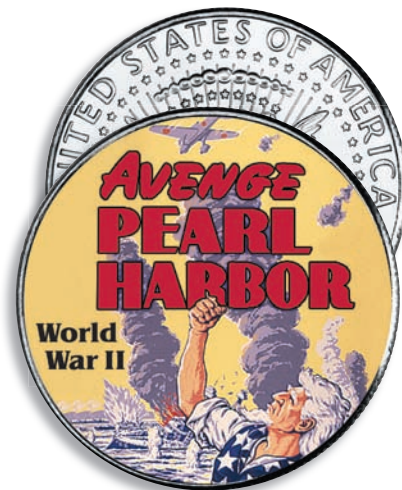
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BUSINESS

What to know about SEO

ASK THE VETREPRENEUR



MARK ROCKEFELLER

Q: What is SEO and SEM?

A: SEO stands for “search engine optimization.” It is the process of implementing strategies and tactics to boost the visibility of your website in a search engine’s unpaid

results. SEM stands for “search engine marketing.” It is a form of Internet marketing that promotes your website by increasing visibility in search engine research. In other words, it is the paid version of SEO.

So how do these affect your small business? A lot of people use search engines – such as Yahoo, Google and Bing – to search for information, especially before buying a product or service. This provides you as a business owner with the opportunity to swoop in and offer your services, build brand awareness and increase visibility.

If you want a more in-depth look at SEO and how to incorporate it into your marketing strategy, one of the best resources I can recommend is Caimin Jones’ “SEO Step-by-Step: The Beginner’s Guide to Getting Traffic from Google.”

Q: How can I can boost my SEO?

A: One of the best ways is to create original content, such as through a blog. Appealing, useful content can boost your rankings. Every online search has an intent: to understand, to compare, to find, to learn, to solve. Having pages with meaningful content that fits a need will improve your chances of high rankings.

Mark Rockefeller is an entrepreneur, attorney and veteran. He is the co-founder and CEO of StreetShares, an online marketplace where investors compete to provide shares of commercial loans to small businesses.

Follow Rockefeller on Twitter
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Photo courtesy Ralph Jon Spuhler

CENTENNIAL

Post 54, Fernandina Beach, Fla.

According to Post 54’s Centennial Celebration page, its former log cabin home was built for the city by a local paper mill in 1939. The post took over the building in 1970 and stayed until 2009.

That year, the cabin was demolished and a new post home was constructed. Some of the logs from the cabin were incorporated into the new building as a tribute to the post’s history, and the stone fireplace that was the cabin’s centerpiece is now part of Fernandina Beach’s Veterans Memorial Park.

Share your post’s legacy

Upload stories, photos and videos of your post’s history on the Legion’s Centennial Celebration website.

www.legion.org/centennial

EDUCATION

Post-9/11 GI Bill transferability

MY GI BILL



VETERANS & EDUCATION
BY VALERIE HEFFNER

Q: *I retired from the Army in December 2008. While I was outprocessing, I was advised by the education counselor to choose Post-9/11 GI Bill benefits, since I might be able to transfer them to my dependents. My daughter graduated from high school and is attending a community college. I tried to transfer my education benefits to her, but was told by VA that she did not qualify since I retired before August 2009. Had I known, I would have stayed active for another eight months. Is there any exception to this rule?*

A: Any member of the armed forces (active duty or Selected Reserve, officer or enlisted) on or after Aug. 1, 2009, who is eligible for the Post-9/11 GI Bill and has at least six years of service and agrees to serve four additional years, or has at least 10 years of service, may transfer benefits to their dependents. However, transfer requests must be submitted and approved while on active duty. If you do not meet the criteria, you are unable to transfer your benefits. As of now, there have been no exceptions.

However, there are several organizations that offer scholarships, such as the Military Child Education Coalition and Our Military Kids.

Valerie Heffner is a Marine Corps veteran and member of American Legion Post 27 in Arizona. askvalerie@legion.org

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PERSONAL FINANCE



Help available for wounded warriors, caretakers

FOCUS ON FINANCES



J.J. MONTANARO

I recently spent time with wounded veterans and their caregivers at a financial workshop. My job was to provide tools and information to help the attendees make smart financial decisions, but I got a lot more than I gave.

It was a powerful experience. First, it filled me with immense gratitude for all those who have served and

sacrificed and for the amazing people who care for them. Second, I learned a great deal.

Here are three lessons that will stick with me long after the event:

■ **The financial “golden rule” applies to all of us.** I have long preached the golden rule of personal finance: spend less than you earn. It sounds simple, but many people around the country are mired in debt, including some of these wounded warriors. The problem is often not a lack of income but an inability to manage expenses relative to that income. The Consumer Financial Protection Bureau’s nationwide network of financial coaches (www.consumerfinance.gov) is one of many resources available to help transitioning veterans.

■ **Help is available for wounded warriors.** Many of us know about American Legion service officers’ great work helping veterans navigate the bureaucracy required to tap into VA programs and services. But at this gathering, I learned that the Legion isn’t alone in helping veterans get

the help they need. For example, I discovered VA will provide veterans or servicemembers with certain service-connected disabilities with a one-time grant of more than \$20,000 to buy an automobile. VA may additionally pay to have the vehicle adapted for use. USAA has partnered with Vantage Mobility International (VMI) to offer financing and special discounts in these situations. VMI’s Veteran Advocate Center can help navigate the paperwork required to pay for the conversions (1-844-822-4864).

■ **Don’t forget assistance for caregivers.** There can’t be too much help for the caregivers who support our wounded warriors. I don’t possess the writing skills to fully express the debt of gratitude we owe them. Fortunately, VA provides a number of programs and financial support. Organizations such as the Military Officers Association of America (www.moaa.org) and the Elizabeth Dole Foundation (www.elizabethdolefoundation.org) offer resources for caregivers. The Legion’s Family Support Network (www.legion.org/familysupport) can also help military families in need. Don’t let these resources go untapped.

My time with these heroes and their dedicated caretakers was inspirational. I hope these takeaways provide some insight into the challenges they face and inspire thanks for their sacrifice.

J.J. Montanaro is a certified financial planner with USAA, The American Legion’s preferred provider of financial services. Submit questions for him online.

www.legion.org/usaa/focusonfinances

BY THE NUMBERS

Women on active duty

201,400 Women on active duty in the U.S. Armed Forces

68,900 Women on active duty in the Army

58,500 Women on active duty in the Air Force

57,300 Women on active duty in the Navy

14,100 Women on active duty in the Marine Corps

2,600 Female military academy cadets and midshipmen

90 Percent of military occupations open to women

Source: DoD (2015 data)

VERBATIM

We stopped to help a fellow cyclist. It just happened to be Bruce. We would have stopped for anybody.

Dan Barkalow, an American Legion Rider from Freehold American Legion-Monmouth Post 54 in New Jersey, who stopped to help a stranded motorcyclist on his way home from a Veterans Day ceremony. The biker was Bruce Springsteen, a native of Freehold. Barkalow and his friends took “The Boss” to a nearby restaurant to wait for his ride, where they had a few beers and took photographs. Springsteen is a Boys State alum.

Photo courtesy Dan Barkalow



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Include the branch of service and complete name of the group, no abbreviations, with your request. The listing also should include the reunion dates and city, along with a contact name, telephone number and e-mail address. Listings are publicized free of charge.

Your notice will appear on our Web site within a week and will remain available online until the final day of your reunion. Upon submission, please allow three months for your reunion to be published in print. **Due to the large number of reunions, The American Legion Magazine will publish a group's listing only once a year.**

Notices should be sent at least six months prior to the reunion to ensure timely publication.

Other notices

"In Search Of" is a means of getting in touch with people from your unit to plan a reunion. **We do not publish listings that seek people for interviews, research purposes, military photos or help in filing a VA claim.** Listings must include the name of the unit from which you seek people, the time period and the location, as well as a contact name, telephone number and e-mail address. Send notices to **The American Legion Magazine, Attn: "In Search Of," P.O. Box 1055, Indianapolis, IN 46206**, fax (317) 630-1280 or e-mail reunions@legion.org.

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"Comrades in Distress" listings must be approved by the Legion's Veterans Affairs & Rehabilitation division. If you are seeking to verify an injury received during service, contact your Legion department service officer for information on how to publish a notice.

To respond to a "Comrades in Distress" listing, send a letter to **The American Legion Magazine, Attn: Comrades in Distress, P.O. Box 1055, Indianapolis, IN 46206.** Include the listing's CID number in your response.

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67th Tact Recon Wing (All Units), Boise, ID, 5/8-12, Marion Edwards, (570) 222-4307, jeeme@nep.com; **F-106 All Trps**, Nashville, TN, 9/6-10, Bob Kwiecinski, (772) 571-6056, bobski9933@aol.com; **Iceland Radar Sites – 667th, 932nd, 933rd & 934th AC&W Sqdns**, Tucson, AZ, 4/10-14, William Chick, littlechick@msn.com; **Project Speckled Trout**, Daytona Beach, FL, 10/13-15, David Costa, (843) 870-5949, david-costa@comcast.net

ARMY

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TAPS

James T. Akers, Dept. of Kansas. Nat'l Chaplain 2004-2005, Nat'l Cmte. on Youth Education Chmn. 2005-2013 and Nat'l Cmte. on Youth Education Memb. 2013-2014.

John E. Bey, Dept. of Minnesota. Nat'l Americanism Cncl. Memb. 2013-2016, Nat'l Citizens Flag Alliance Dept. Chmn. 2007-2015 and Nat'l Distinguished Guests Cmte. Vice Chmn. 2010-2013.

Rev. Jerome D. Fortenberry, Dept. of Missouri. Nat'l Americanism Cncl. Vice Chmn. 1974-1978, Nat'l Chaplain 1973-1974, Nat'l Sec. Cncl. Memb. 2013-2016 and Nat'l Sec. Cncl. Vice Chmn. 1978-2013.

David L. Jackson, Dept. of Ohio. Nat'l Distinguished Guests Cmte. Vice Chmn. 2006-2008, Nat'l Foreign Relations Cncl. Vice Chmn. 2008-2013 and Nat'l Veterans Employment & Education Cncl. Memb. 2013-2016.

Jim Sidel, Dept. of Nebraska. Dept. Cmdr. 2012-2013, Nat'l Exec. Cmte. Alt. Memb. 2016, Nat'l Employment & Veterans Preference Cmte. Memb. 2016 and Nat'l Veterans Employment & Education Cncl. Memb. 2015-2016.

Philip J. Surprenant, Dept. of Maryland. Dept. Cmdr. 2005-2006, Nat'l Distinguished Guests Cmte. Vice Chmn. 2002, Nat'l Foreign Relations Cncl. Vice Chmn. 1992-1994 and Nat'l Internal Affairs Cmsn. Memb. 2002.

Donald J. Whalen, Dept. of Arizona. Dept. Cmdr. 1980-1981, Nat'l Exec. Cmte. Alt. Memb. 1984-1986, Nat'l Foreign Relations Cncl. Vice Chmn. 1982-1988 and Nat'l Sec. Cncl. Vice Chmn. 1979-1982.

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I call my car Baby. It never goes anywhere without a rattle.

A TAXPAYER received a strongly worded “second notice” that his taxes were overdue. Rushing to the collector’s office, he paid his bill and apologized that he had overlooked the first notice.

“Oh,” confided the collector with a smile, “we don’t send out first notices. We have found that the second notices are more effective.”

WHEN I SEE lovers’ names carved in a tree, I don’t think it’s sweet. I just think it’s surprising how many people bring a knife on a date.

THE SHORTEST KNOWN unit of time is that between the change of the traffic light and the honk from the car behind you.

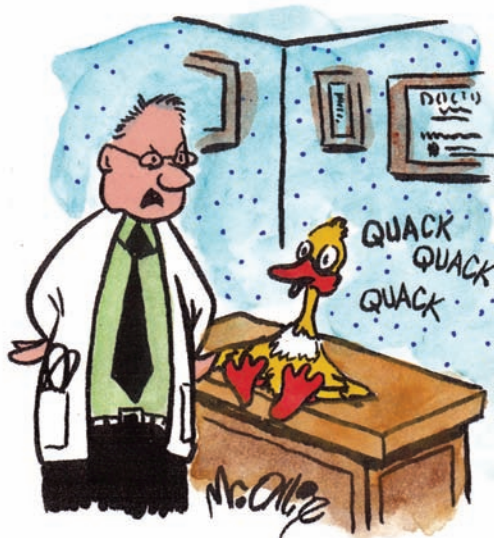
A TEACHER ASKED her students, “If there are seven flies and I hit one with a ruler, how many are left?” One boy replied, “Just the squashed one.”

I CAN’T BELIEVE I forgot to go to the gym today. That’s seven years in a row now.

WHATEVER YOU DO, always give 100 percent. Unless you are donating blood.

A SUPPLY OFFICER asked a new recruit if his new uniform fit him.

“The jacket isn’t bad, sir,” the recruit replied, “but the trousers are a little loose around the armpits.”



“Stop saying that!”



“It’s a dating site that matches you solely on thermostat setting.”



“Aw! How can anyone stay mad looking at those cute puppy-dog eyes?”

A TEACHER asked his class, “If I laid four eggs over here, and four eggs over there, how many eggs would I have?”

One student responded, “I don’t think you can do it, sir. But we’ll count with you!”

IF YOU LIVE in a house with teenagers, don’t ask for whom the bell tolls. It’s not for you.

“IT WAS ANNOUNCED that Shaquille O’Neal is now the owner of a Krispy Kreme Doughnuts franchise in downtown Atlanta. They serve all kinds of doughnuts, or as Shaq calls them, ‘frosted Cheerios.’” – Jimmy Fallon

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